

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE  
2009 AUG 28 AM 8:51

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COX FOR SHERIFF

IMPORTANT: Indicate by # type of committee you are reporting for: 5

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

TIMOTHY PAUL COX

Political Party (if applicable)

DEMOCRATIC

Office Sought

MARION COUNTY SHERIFF

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Michelle Susan  
SIGNATURE OF PERSON FILING REPORT

641-218-8551  
TELEPHONE

1-12-2009  
DATE SIGNED

I AM FILING A DR-2 01/19/2009

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

1,114.66

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

~~534~~ 106.34

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**..... \$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,121.00

Schedule F: Loan Repayments total (Attach Schedule F)

~~488.67~~ 0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

0.00

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

0.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COX FOR SHERIFF

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/20/2008	ID# CK#	DAVE SCHRADER 169 140TH AVE MONROE, IA 50170	NONE	\$50.00	<input type="checkbox"/>
10/20/2008	ID# CK#	SHERIFF EDDY 6135 210 AVE NEWELL, IA 50568	NONE	50.00	<input type="checkbox"/>
11/19/2008	ID# CK#	TIMOTHY COX 2449 HWY G-71 BUSSEY, IA 50044	SELF	6.34	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 106.334	
TOTAL (if last page of this schedule)				\$ 106.34	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COX FOR SHERIFF

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/24/2008	ID# CK# 1043	KNIA/KRLS 1610 N LINCOLN KNOXVILLE, IA 50138	RADIO ADS	\$ 563.00
10/24/2008	ID# CK# 1044	JOURNAL EXPRESS 122 E ROBINSON KNOXVILLE, IA 50138	NEWSPAPER ADS	74.80
11/3/2008	ID# CK# 1045	KNOXVILLE COMMUNIT CENTER 308 E MONTGOMERY KNOXVILLE, IA 50138	TOWN MEETING	80.00
11/7/2008	ID# CK# 1046	JOURNALL EXPRESS 122 E ROBINSON KNOXVILLE, IA 50138	NEWSPAPER ADS	37.40
10/18/2008	ID# CK# 1042	TULIP CITY GOLDEN AGERS 712 UNION STREET PELLA, IA 50219	PELLA CHILI SUPPER	66.00
10/16/2008	ID# CK# 1062	TIM COX 2449 HWY G-71 BUSSEY, IA 50044	REIMBURSAL FOR CAMPAIGN T-SHIRTS	104.86
✓ 10/16/2008	ID# CK# 1036	TOWN CRIER 810 E 1ST STREET PELLA, IA 20219	NEWSPAPER ADS	130.00
10/17/2008	ID# CK#	JOURNAL EXPRESS 122 E ROBINSON KNOXVILLE, IA 50138	NEWSPAPER ADS	179.40
SUB-TOTAL				\$ 1235.46
TOTAL (if last page of this schedule)				\$ 1235.46

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

130.00  
20275920  
202766  
202766

**RESET****COMMITTEE NAME** (Must be same as on Statement of Organization)

COX FOR SHERIFF

SCHEDULE

**F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAYED**☐ **CHECK THIS BOX IF  
AMENDING FORM**

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ \_\_\_\_\_**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
10/27/2008	Community First Credit Union Pella, IA 50219	self	\$ 162.89
11/27/2008	Community First Credit Union Pella, IA 50219	self	162.89
12/27/2008	Community First Credit Union Pella, IA 50219	self	162.89

TOTAL (PART I) \$ 488.67**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 488.67From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ \_\_\_\_\_

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